

**FILED**

8/4/2016

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS

RECEIVED

MAY 09 2016 AS

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

ROBERT R. SERRITELLA

(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

vs.

1:16-cv-5096

Judge John W. Darrah

Magistrate Judge Young B. Kim

PC11

DR. PAUL

DR. RICHARDSON

LEDVORA

DR. LEVFORA

DR. DAWALIBI

SHERIFF TOM DART (HEAD OFFICER OF CCDOC)

(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

CHECK ONE ONLY:

☒

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983

U.S. Code (state, county, or municipal defendants)

☐

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE

28 SECTION 1331 U.S. Code (federal defendants)

☐

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR  
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

**I. Plaintiff(s):**

- A. Name: ROBERT R. SERRITELLA
- B. List all aliases: NA
- C. Prisoner identification number: 20140904026
- D. Place of present confinement: COOK COUNTY DEPT. OF CORRECTIONS
- E. Address: 26<sup>TH</sup> & CALIFORNIA STREETS, P.O. BOX 089002,  
DIVISION 10-4A-14, CHICAGO, IL 60608-9002
- (If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

**II. Defendant(s):**

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: DR. PAUL
- Title: PHYSICIAN
- Place of Employment: DIVISION 8 COOK COUNTY JAIL
- B. Defendant: DR. RICHARDSON
- Title: PHYSICIAN
- Place of Employment: DIVISION 10 COOK COUNTY JAIL
- C. Defendant: DR. LEVFORA
- Title: PHYSICIAN
- Place of Employment: DIVISION 10 COOK COUNTY JAIL

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

II. DEFENDANT(s):

D. DEFENDANT: DR. DAWALIBI

TITLE: PHYSICIAN

PLACE OF EMPLOYMENT: DIVISION 10 COOK COUNTY JAIL

E. DEFENDANT: TSM DART

TITLE: SHERIFF (HEAD OFFICER OF CCDOC)

PLACE OF EMPLOYMENT: COOK COUNTY JAIL

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States: N/A

- A. Name of case and docket number: \_\_\_\_\_
- B. Approximate date of filing lawsuit: 11/16
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: \_\_\_\_\_
- D. List all defendants: N/A
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): \_\_\_\_\_
- F. Name of judge to whom case was assigned: N/A
- G. Basic claim made: \_\_\_\_\_
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): N/A
- I. Approximate date of disposition: \_\_\_\_\_

**IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.**

#### IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

On or about July 14<sup>th</sup>, 2014, I, Robert Serritella, was arrested by The Los Angeles Police Dept. in Los Angeles, CA where I was at the time residing. At the time of this arrest I was wearing a set of corrective custom made braces for both legs. These corrective braces were made and issued to me by The West Los Angeles Veterans Hospital. I was diagnosed with "RHEUMATOID ARTHRITIS" in both knees. I have no cartilage in either knee. The doctor that treated me and had the braces made is named Dr. SUGAWADA. The MRI's taken by the VA hospital clearly showed that my upper and lower knee joints are grinding against my upper and lower leg bones, due to the lack of ~~cartilage~~ cartilage. I was also issued 500mg tablets of Hydrocodone (Vicodin) for pain. My knees are "bowed" slightly which made it terribly painful to walk, thus I was examined and fitted with "corrective leg braces". I have been under their care since April of 2004. I was actually scheduled for corrective surgery in the month of September of 2014.

I have several witnesses that can testify to me having on these braces at the time of my arrest, the LAPD that took me into custody, the U.S. Marshall's officers that transported me to Illinois. The flight attendants that served on the flight to Illinois (DO NOT HAVE FLIGHT NUMBER OR AIRLINE), the U.S. Marshall's officers that transported me to Illinois (DO NOT HAVE THEIR NAMES), Chuck Gaudie and camera man of CHANNEL 7 EYEWITNESS NEWS TEAM that met plane upon arrival in Chicago. and the officers of the

Revised 9/2007

Maywood Sheriff's Dept. that took custody of me. I arrived at the Maywood Sheriff's Dept on Aug. 28<sup>th</sup>, 2014. This is where my leg braces were confiscated claiming they were "contraband", but they will be following me when I am transferred to the Cook County Jail as "personal property". I don't have the names of these officers, but I do know for a fact that they did not consult a physician before confiscating my leg braces. My braces did not follow me as part of my personal property. The Maywood Sheriff's Dept. refused to inventory my leg braces and were kept by them. When I arrived at CCDOC, during the medical intake process, I explained the situation to the doctor and the rest of the medical staff concerning my medical condition and about my leg braces that should have followed me. Without further examination, I was issued a cane and they did nothing else. No Medication or anything. I was then sent to my housing unit in Div 10-2A. After I settled in, I started my plight to retrieve my leg braces because by now I was in tremendous pain. I was forced to walk from Div 8-RTU to Div 10 which is well over a mile and a half. No one seemed to have any knowledge of where my leg braces were. Being new to this facility having never been arrested before in my life, I knew nothing of the procedures on how to see a doctor, I relayed my concerns to the deck officers, Sgt's and Lt's of Div 10, but my requests fell on deaf ears. I also asked the counselor of my deck, but to no avail. I was finally told about the Health Care Request forms and the grievance process. I immediately started that process. I spent the 1<sup>st</sup> month or so in agonizing pain with out any medical relief what-so-ever. On October 2<sup>nd</sup> 2014, I filed my first grievance explaining my situation in grave detail (See EXHIBIT #1). The response came back stating that they notified property here at CCDOC, but I explained that the leg braces were taken by the Maywood Sheriff's Dept located on 5<sup>th</sup> and Lake St., Maywood, IL. I have no idea if they checked with the Maywood Sheriff's Dept. or not, but I do know that I am being told that there is no record of me ever having my leg braces. My word has been

(over)



In sufficient for them and no one. Filed 05/06/16 Page 7 of 13 PageID #: 40

Verification. Since my first grievance up to now, I have been totally ignored of my pain and suffering and my medical needs because of my physical impairment. I have followed all procedures of the Health Care Request form and the grievance process to constantly complain of my pain. I was finally sent to Cermak to have X-rays done, twice in fact, and then I was seen by a Doctor [REDACTED]

Levfora who claimed that the X-rays showed nothing. He then asked me what did I want pain medication for and we argued on what He claimed the X-rays showed. After our exchange of words, he stated he would in fact [REDACTED] issue me Tylenol Extra-Strength (500mg), but instead prescribed 325 mg regular strength Tylenol, which is no help or relief for the pain I am experiencing. I also requested a Wheelchair for the long distance travel [REDACTED] I have to endure whenever I have to go to court or to Cermak which in distance is over 3 miles round trip. I was refused.

During my time here, I have seen several doctors, Dr. Paul in division 8, who prescribed Tramadol for the pain, but I was only issued this medication for 1 week and then discontinued. She also ordered x-rays but after I did this, I was never called for a reading of these x-rays.

Dr. Dawalibi, Dr. Richardson in Division 10, whom did nothing to help alleviate the pain caused by my condition. Not one doctor or any one else in this institution took my pain and medical condition seriously.

Dr. Levfora at Cermak lied to my face about the results of my X-rays and refused the only remedy at that time for me to alleviate some of the pain by issuing me a wheelchair for the long distance travel, I am being forced to endure this pain and suffering due to inadequate treatment from the medical staff here at CCNOC.

My claim is this, due to the "deliberate indifference on the part of Dr. Paul, Dr. Dawalibi, Dr. Richardson, and <sup>LEDVORA</sup> Dr. ~~Lerfor~~, I have been forced to endure constant and excruciating pain. None of them took my medical condition seriously and refused to treat me as a professional in the medical field. Not one doctor took the time out to verify my statements made to them concerning my treatment at the West Los Angeles Veterans Hospital and thier diagnosis. I truly believe that the Maywood Sheriff's Dept. deliberately kept my leg braces as a punishment because of my case, which is a very "HIGH PROFILE" case, thus no record of my leg braces being confiscated by them. I am being treated with total disregard of my medical needs. I am still to this date in serious agonizing pain with no medical attention, no medication, no physical therepy, no resolve in the future whatsoever and I have exhausted all my remedies within my powers to seek much needed medical assistance.

Attached are various copies of grievances + health care request forms throughout my time here to this date, and I have yet to recieve adaqueate medical assistance.

I, Robert Serritella am a 73 yr. old Vet Nam Era War Veteran and while serving contracted a lethal dose of carbon-monoxide Poisoning and suffer from 5 short-term memory loss and

Revised 9/2007

I attest to the statements on this form are true and correct to the best of my recollection and knowledge.



**V. Relief:**

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Sheriff Tom DART,  
I request this court holds Dr. Dawalibi, Dr. Richardson, Dr. Paul and  
Dr. Levfora accountable for the "deliberate indifference" in  
the handling of my medical situation. I request the court to  
award me compensatory and punitive damages in the amount of \$500,000.00.  
I also request pain and suffering damages in the amount of \$5,000,000.00,  
and any other damages this honorable court deems fitting

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

**CERTIFICATION**

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 12<sup>TH</sup> day of FEB, 2016

Robert R. Serritella

(Signature of plaintiff or plaintiffs)

ROBERT R. SERRITELLA

(Print name)

20140904026

(I.D. Number)

P.O. Box 089002

DIVISION 10-4A-14

CHICAGO, IL 60608-9002

(Address)



COOK COUNTY SHERIFF'S OFFICE  
(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☒ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)

CONTROL #

FOR LEG BRACES

!This section is to be completed by Program Services Staff - ONLY! (! Para ser llenado solo por el personal de Program Services !)

## GRIEVANCE FORM PROCESSED AS:

- ☒ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

Program Services Supervisor Approving Non-Grievance (Request) Signature

## REFERRED TO:

- ☒ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: \_\_\_\_\_
- ☐ OTHER: \_\_\_\_\_

## INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso): SERRITELLA	PRINT - FIRST NAME (Primer Nombre): ROBERT	ID Number (# de identificación): 20140904026
DIVISION (División): 8 RTU	LIVING UNIT (Unidad): 3F-38	DATE (Fecha): 10 / 2 / 14

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

\* An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.

\* Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request / Response / Appeal Form.

\* When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the request is deemed unsatisfactory.

\* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.

\* Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o apeladas a través del uso del Formulario de Quejas / Respuesta / Forma de Apelación.

\* Cuando una queja se procesa como una QUEJAS NO (PETICIÓN), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE: Date of Incident - Time of Incident - Specific Location of Incident  
(Por Favor, Incluya: Fecha Del Incidente - Hora Del Incidente - Lugar Especifico Del Incidente)

WHEN I WAS DETAINED OR ARRESTED IN LOS ANGELES I WAS WEARING TWO SPECIAL DESIGNED LEG AND KNEE BRACES TO ESTABLISH LEG + KNEE ALIGNMENT AND INCREASED KNEE SUPPORT DUE TO KNEE CARTILAGE DEFICIENCY OR ABSENCE.

THESE BRACES HAVE BEEN PLACED IN MY INMATE PERSONAL PROPERTY SINCE 7/23/14 WHERE I WAS ARRESTED IN LOS ANGELES.

THESE BRACES HAVE BEEN DENIED ME, AND WERE A PRECURSOR TO A KNEE JOINT REPLACEMENT SURGERY TO BE PERFORMED

VIA THE W.L.A VETERANS ADMIN HOSPITAL. DUE TO THIS SEVERE MISHAP, I'M EXPERIENCING INCREASED PAIN AND EXTREME DIFF

ACTION THAT YOU ARE REQUESTING (Acción que esta solicitando): FACULTY STANDING + WALKING. I PRESENTLY USE A PROSTHESIS AID. IN ACCORDANCE WITH MY CONSTITUTIONAL RIGHTS UNDER THE GENEVA CONVENTION + THE 34 + 14<sup>TH</sup> AMENDMENTS AND DUE TO THE INTERRUPTION OF MY MEDICAL KNEE PROCEDURES, I WANT MY OPERATION.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o presos que tengan información):

INMATE SIGNATURE (Firma del Preso):

Luna Branton 2013-1018132

Robert Serritella

SUPERINTENDENTS / DIRECTORS / DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE'S GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW / PLATOON COUNSELOR (Print): G Reid	SIGNATURE: G Reid	DATE CRW/PLATOON COUNSELOR RECEIVED: 10 / 04 / 14
SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):	SIGNATURE:	DATE REVIEWED: ____ / ____ / ____



DELIBERATE INDIFFERENCE.

LAW SUIT

WHEN THEY DON'T TREAT MY MEDICAL NEEDS  
THEY REFUSE TO TREAT ME.



**Thomas J. Dart**  
**Sheriff**

**Dr. Nneka Jones**  
**Executive Director**

**COOK COUNTY SHERIFF  
RECORDS OFFICE**

**2700 S. California Avenue  
Chicago, Illinois 60608  
Tel: (773) 674-5201  
Fax: (773) 674-7292  
doc.records@cookcountyiil.gov**

## VERIFICATION OF INCARCERATION

JAIL BOOKING NUMBER: 2014-090426 TODAY'S DATE: 11-6-15

REGARDING: Robert Serritella  
SUBJECT'S NAME

DATE OF BIRTH: 10-19-42

SOCIAL SECURITY NUMBER: 355-30-2175  
~~361-60-5686~~

**Pursuant to your request the following information is submitted:**

Date entered in CCDOC: 9-4-14

Date Released:                      Date Released:                     

Case / Docket # 14CR1688001 Case / Docket # \_\_\_\_\_

Charge (s): Murder Intent to Kill Injure Charge (s): \_\_\_\_\_

Disposition: case continued Disposition: \_\_\_\_\_

~~Disposition Date:~~ 12-4-15      Disposition Date:                     

Next Court Date: \_\_\_\_\_ Next Court Date: \_\_\_\_\_

**Signature of Personnel Completing form**





**DEPARTMENT OF VETERANS AFFAIRS**

Records Management Center  
P.O. BOX 5020  
St. Louis Missouri 63115-0020

December 22, 2015

In Reply Refer To: 376/272/SK1  
C XX XX7 709

ROBERT R SERRITELLA  
20140904026  
POST OFFICE BOX 089002  
DIVISION 10-4A-14  
CHICAGO IL 60608-9002

Dear Mr. SERRITELLA:

**Re: Privacy Act Request**

This letter acknowledges receipt of your Privacy Act Request dated 12/04/2015. In your letter, you are requesting the following:

All Military medical records

All VA medical/clinical records located in claims folder

The number in the upper right hand corner is your case number. Please refer to this number when communicating with our office about your request.

We will begin searching for records responsive to your request and notify you of the results of the search and our next steps in processing your request. We will grant you access to the requested records, *if found*, providing the records are not exempted from disclosure by law. Any releasable sections of the requested records shall be provided to you after redaction of the parts that are exempt.

Your request will be processed in the order of receipt. You may expect to receive a response as soon as possible. This office will be providing your records on a compact disc (CD) for use on your personal computer. Only records of 10 pages or more are eligible for CD printing. The CD can be viewed on all computers through the use of Adobe Reader software, which is available online for free.

To request your responsive records on paper, please mail your request to: **ATTN: Paper Copy Request** at the address above or you may fax your request to 314-679-3732.

Our agency may not be the custodian of some of the records you requested such as official personnel records, medals, service medical records dated prior to 1992, etc. As a result, we have referred your request to the appropriate agency marked on the attached page to provide a response for any records which may not be in the records in our holdings.

2

C XX XX7 709

Thank you for your interest in the Department of Veterans Affairs. Customer service is very important to us. If you have questions or concerns regarding your request for records under the Privacy Act or Freedom of Information Act, please contact our agency at 1-888-533-4558. Please refer to the assigned case number so we may easily locate your information.

If you have questions or concerns regarding your entitlement to VA benefits or the status of your claim, please contact the VA National Call Center at 1-800-827-1000.

Sincerely,

*Kathy Austin*

**Kathy Austin  
Privacy Officer  
Chief, Customer Service Division**

Enclosures



DEPARTMENT OF VETERANS AFFAIRS  
Records Management Center  
P. O. Box 5020  
St. Louis, Missouri 63115

- |                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Air Force Personnel Center<br>HQ AFPC/DPSSRP 550 C<br>Street West, Suite 19 Randolph<br>AFB, TX 78150-4721                                                                                   | <input type="checkbox"/> U.S. Coast Guard<br>Health Safety & Worklife<br>Service Center<br>Attn: Central Cell<br>300 Main Street, Suite 1000<br>Norfolk, VA 23510                                                                                                   |
| <input type="checkbox"/> National Archives & Records<br>Administration<br>Old Military and Civil Records<br>(NWCTB-Military)<br>Textual Services Division<br>700 Pennsylvania Ave., N.W.<br>Washington, DC 20408-0001 | <input type="checkbox"/> Commander, CGPC-adm-3<br>USCG Personnel Command<br>4200 Wilson Blvd., Suite 1100<br>Arlington, VA 22203-1804                                                                                                                               |
| <input type="checkbox"/> Air Reserve Personnel Center /DSMR<br>HQ ARPC/DPTG<br>18420 E. Silver Creek Ave.,<br>Bldg 390 MS 68<br>Buckley AFB, CO 80011                                                                 | <input type="checkbox"/> Headquarters U.S. Marine Corps<br>Personnel Management Support Branch<br>(MMSB-10) 2008 Elliot Road<br>Quantico, VA 22134-5030                                                                                                             |
| <input type="checkbox"/> U.S. Army Human Resources Command<br><a href="http://www.hrc.army.mil">www.hrc.army.mil</a>                                                                                                  | <input checked="" type="checkbox"/> National Personnel Records Center<br>(Military Personnel Records)<br>#1 Archives Drive<br>St. Louis, MO 63138-1002<br>eVetRecs!<br><a href="http://www.archives.gov/veterans/evetrecs/">www.archives.gov/veterans/evetrecs/</a> |
| <input type="checkbox"/> Division of Commissioned Corps Officer<br>Support<br>ATTN: Records Officer<br>1101 Wooton Parkway, Plaza Level, Suite<br>100 Rockville, MD 20852                                             | <input type="checkbox"/> The Adjutant General<br>(of the appropriate state, DC, or PR)                                                                                                                                                                              |
| <input type="checkbox"/> AF STR Processing Center<br>3370 Nacogdoches Road, Suite 116<br>San Antonio TX 78217                                                                                                         | <input type="checkbox"/> Marine Forces Reserve 4400<br>Dauphine St. New Orleans,<br>LA 70146-5400                                                                                                                                                                   |
| <input type="checkbox"/> AMEDD (ARMY)<br>3370 Nacogdoches Road, Suite 116<br>San Antonio TX 78217                                                                                                                     | <input type="checkbox"/> Navy Personnel Command (PERS-312E)<br>5720 Integrity Drive<br>Millington, TN 38055-312                                                                                                                                                     |
| <input type="checkbox"/> Navy Medicine Records Activity<br>(NMRA) BUMED Detachment St.<br>Louis 4300 Goodfellow Blvd, Bldg.<br>103 St. Louis, MO 63120                                                                |                                                                                                                                                                                                                                                                     |

The Privacy Act of 1974 does not permit the release of a social security number or other personal information to the public without the authorization of the veteran concerned. Therefore, if applicable, personal data pertaining to other individuals have been deleted from the enclosed documents.

## Military Record Requests Using Standard Form 180 (SF-180)

Veterans or next-of-kin of deceased veterans can use the online order form at [vetrecs.archives.gov](http://vetrecs.archives.gov) (or use the SF-180). Archival requests may also be processed online (or via the SF-180).



Order copies of WWI Draft  
Registration Cards online.

- Obtain and Fill out Standard Form 180 (SF-180)
- Or Write a Letter to Request Records

### 1. How to Obtain Standard Form 180 (SF-180) to Request Military Records

There are several ways to obtain an SF-180. You can:

#### 1. Download and print a copy of the SF-180 in PDF format.

- You need access to a printer and the Adobe Acrobat Reader software (see link below). The form is a total of 3 pages.
- The SF-180 is formatted for letter size paper (8.5" x 11"). If your printer can not accommodate this, select "*shrink to fit*" when the Adobe Acrobat Reader "*Print*" dialog box appears.
- This is also a fillable version of the SF-180. It will allow you to type the needed information into the form using your keyboard. You will still need to print, sign and mail the form. Otherwise, it works the same as stated above.

Download form SF-180  
to mail or fax your request.

#### Where to Return the Form:

- Review the tables on page 3 of SF 180 to identify the correct location of the record you need (based on branch of service, dates of separation, and type of record)
- send the completed form to the address identified on the table

#### 2. Contact Us to order the form through the mail

National Personnel Records Center  
1 Archives Drive  
St. Louis, Missouri 63138

#### Other Ways to Obtain the SF-180:

- From the Department of Defense
- From Federal Information Centers
- From local Veterans Administration offices
- From veterans service organizations

ROBERT  
SERRITELLA  
SERRITELLA

The SF 180 may be photocopied as needed. Please submit a separate SF 180 for each individual whose records are being requested.

## 2. Write a Letter to Request Records

If you are not able to obtain a SF-180, you may still submit a request for military records. Requests must contain enough information to allow us to identify the record from among the more than 70 million on file at the NPRC. For example, if you are requesting an Official Military Personnel File (OMPF), please include as much of the following information as possible:

- The veteran's complete name used while in service
- Service number or social security number
- Branch of service
- Dates of service
- Date and place of birth may also be helpful, especially if the service number is not known
- If the request pertains to a record that may have been involved in the 1973 fire, also include:
  - Place of discharge
  - Last unit of assignment
  - Place of entry into the service, if known.

Please submit a separate request (either SF 180 or letter) for each individual whose records are being requested.

**Please Note:** Next-of-kin (*the un-remarried widow or widower, son, daughter, father, mother, brother or sister of the deceased veteran*) must provide proof of death of the veteran, such as a copy of the death certificate, a letter from the funeral home or a published obituary.

Additional information is required if you are requesting clinical or medical treatment records (see Federal Records).

## How to Submit Requests:

### **WHAT IS THE DIFFERENCE BETWEEN FEDERAL AND ARCHIVAL RECORDS?** [Learn more](#)

Federal law [5 USC 552a(b)] requires that all written requests for Federal (non-archival) records and information be **signed** (in cursive) and **dated** (within the last year).

You may submit more than one request per envelope or fax, but please submit a separate request (either SF 180 or letter) for each individual whose records are being requested.

- **Mail a letter or Standard Form (SF) 180, Request Pertaining to Military Records to:**

National Personnel Records Center  
1 Archives Drive  
St. Louis, MO 63138

- **Fax a letter or Standard Form 180 to: 314-801-9195**

The Center will respond in writing by U.S. Mail.

## Order Processing Time

Response time for records requested from the National Personnel Records Center (NPRC) varies and is dependent upon the complexity of your request, the availability of records and our workload. Please do not send a follow-up request before 90 days have elapsed, as it may cause further delays. While the NPRC works actively to respond to each request in a timely fashion, the Center receives

approximately 4,000 - 5,000 requests per day. We are responding to requests for separation documents within 10 days about 92% of the time. However, requests that involve reconstruction efforts due to the 1973 Fire, or older records which require extensive search efforts, may take 6 months or more to complete.

#### Emergency Requests and Deadlines:

If your request is urgent (e.g. upcoming surgery, funeral, etc.) and there is a deadline associated with your request, please provide this information in the **"Comments"** section of eVetrecs or in the **"Purpose"** section of the SF-180 and fax it to our Customer Service Team at (314) 801-0764. Our goal is to complete all urgent requests within two working days. However, in some instances we can complete requests the same day if necessary. Please contact our customer service staff at (314) 801-0800 if you have questions or require same day service. Due to the large number of calls we receive at this number, hold times are often long. However, once you reach a technician they will be happy to assist you with emergency service.

If your burial request involves interment at a Department of Veterans Affairs National Cemetery, contact the National Cemetery Scheduling Office at (800) 535-1117 or visit their website [http://www.cem.va.gov/cem/burial\\_benefits/](http://www.cem.va.gov/cem/burial_benefits/). We work directly with the Veterans Affairs staff to obtain records to verify service for burial benefits. If the veteran is not going to be interred at a National Cemetery, the requester may fax the SF-180 or signature page from eVetRecs (including signature of the next of kin and proof of death) to the Customer Service Team at (314) 801-0764. If your request involves the burial of a Marine Corps veteran, you may also contact the USMC Liaison Officer at (314) 538-2344.

**NOTE:** The 1973 Fire at the National Personnel Records Center damaged or destroyed 16-18 million Army and Air Force records that documented the service history of former military personnel discharged from 1912-1964. Although the information in many of these primary source records was either badly damaged or completely destroyed, often alternate record sources can be used to reconstruct the service of the veterans impacted by the fire. Sometimes we are able to reconstruct the service promptly using alternate records that are in our holdings, but other times we must request information from other external agencies for use in records reconstruction. In some instances, therefore, requests that involve reconstruction efforts may take several weeks to a month to complete.

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